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AUTHOR	Esses, Victoria M.; And Others
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ABSTRACT

This study examined the applicability of a multicomponent model to understanding the bases of attitudes toward people with disabilities. The 108 students (65 females, 43 males) reported their attitudes toward three groups -- amputees, people with AIDS (Acquired Immune Deficiency Syndrome), and the chronically depressed. They also completed measures of four potential components of attitudes toward the groups: (1) stereotypes, (2) symbolic beliefs, (3) emotions, and (4) attributions of control. Results demonstrated that, although the components accounted for a significant proportion of the variance in attitudes toward all groups, the pattern of prediction of attitudes differed considerably among groups. Findings indicate that men had less favorable attitudes toward people who are chronically depressed than did women, with perceived control being the sole predictor of men's attitudes toward this group. Results suggest that the elimination of prejudicial attitudes will require a heterogeneous approach since components of attitudes appear to be strongly dependent on the type of disability in question. Discussion focuses on the nature of attitudes toward people with disabilities and on potential means of eliminating prejudicial attitudes. (DB)

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Determinants of Attitudes toward People with Disabilities

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Victoria M. Esses, Susan L. Beaufoy,
and Frederick H. Philipp

University of Western Ontario.

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This study examined the applicability of a multicomponent model to understanding the bases of attitudes toward people with disabilities. The 108 subjects reported their attitudes toward three groups: amputees, people with AIDS, and the chronically depressed. They also completed measures of four potential components of attitudes toward the groups: stereotypes, symbolic beliefs, emotions, and attributions of control. Results demonstrated that although the components accounted for a significant proportion of the variance in attitudes toward all groups, the pattern of prediction of attitudes differed considerably between groups. Discussion focuses on the nature of attitudes toward people with disabilities and on potential means of eliminating prejudicial attitudes.

Researchers have long acknowledged that intergroup attitudes are multifaceted in nature involving not only global evaluations, but cognitive and affective information as well. Historically, however, researchers have tended to focus on each of these elements in isolation, and little attention has been directed toward integrating the various elements into a coherent model. Recently, Esses, Haddock, and Zanna (1993) suggested that intergroup attitudes are most productively viewed as global evaluations, which, in turn, comprise several distinct, though related components. They identified three important components of intergroup attitudes: a) stereotypes: specific characteristics ascribed to group members, b) symbolic beliefs: beliefs that group members promote or threaten cherished values and norms, and c) emotions: specific emotions associated with group members. The results of several studies have indicated that the relative predictive power of the components varies considerably across target groups (Esses et al., 1993; Haddock, Zanna, & Esses, in press).

In this context, the purpose of the present study was to examine attitudes toward groups differentiated on the basis of disability type. In particular, attitudes toward amputees, people with AIDS, and the chronically depressed were examined. In addition to the components of attitudes noted above, a potential additional component - attribution of control over the onset of the disability - was investigated.

Method

One hundred and eight subjects (65 females, 43 males) completed the predictor and criterion measures for each of three target groups. people with amputations, people with AIDS, and people with chronic depression. Attitudes (the criterion variable) were determined through the use of an evaluation thermometer (see Table 1). Stereotypes, symbolic beliefs, and emotions (predictor variables) were assessed using a three-step, open-ended measure (Esses et al., 1993; see Table 2 for a sample of an open-ended measure). Attributions of control (the fourth predictor variable) were assessed using scales to determine the degree to which the onset of the disability was perceived to be under individual control or the influence of external forces.

Table 1

Provide a number between 0° and 100° to indicate your attitude toward: AMPUTEES 80°

POSITIVE	100°	Extremely Favorable
	-	
	90°	Very Favorable
	-	
	80°	Quite Favorable
	-	
	70°	Fairly Favorable
	-	
	60°	Slightly Favorable
	-	
	50°	Neither F. nor Unf.
	-	
	40°	Slightly Unfavorable
	-	
	30°	Fairly Unfavorable
	-	
	20°	Quite Unfavorable
	-	
	10°	Very Unfavorable
	-	
NEGATIVE	0°	Extremely Unfavorable

Table 2

Amputees:

1) Provide a list of characteristics (adjectives or short phrases) that you associate with members of this group.

2) Evaluate the favorability of each characteristic (-- to ++).

3) Indicate the percentage of the group to which each characteristic applies.

strong-willed	++	85%
determined	++	75%
open-minded	++	55%
expressive	+	50%

NOTE: Stereotype score = Σ (Proportion x Valence) / n

Results

MEAN RESPONSES

	Amputees	AIDS	Chronically Depressed
Attitudes (O to 100)	78.4	61.5	58.1
			Females 63.4
			Males 50.0
Stereotypes (-2 to +2)	0.57	-0.04	-0.62
Symbolic Beliefs (-3 to +3)	1.10	0.37	-0.87
Emotions (-2 to +2)	0.38	-0.18	-0.15
Attributions of Control (-8 to + 8)	-4.22	1.69	0.59
			Females -0. 35
			Males 2.02

MOST FREQUENTLY ELICITED RESPONSES

	Amputees	**AIDS**	**Chronically Depressed**
Stereotypes	Strong-Willed	Strong-Willed	Unhappy
	Normal	Unfortunate	Lethargic
	Courageous	Unhappy	Unsuccessful
Symbolic Beliefs (Promote or Block)	Pr Equality	Pr Education	Bl Happiness
	Pr Education	Pr Equality	Bl Work Ethic
	Pr Work Ethic	Bl Family Values	Bl Friendship
Emotions	Sympathy	Sympathy	Sadness
	Respect	Fear	Sympathy
	Fortunate	Sadness	Anger

Simultaneous Multiple Regressions

Target Group	Variable	Beta Weight
AMPUTEES	Stereotypes	.37***
	Symbolic Beliefs	-.02
	Emotions	.35***
	Attributions of Control	.05
	$R^2 = .30$, $p < .001$	
PEOPLE WITH AIDS	Stereotypes	.18*
	Symbolic Beliefs	.36***
	Emotions	.18*
	Attributions of Control	-.28***
	$R^2 = .40$, $p < .001$	

CHRONICALLY DEPRESSED	Stereotypes	.12
	Symbolic Beliefs	-.06
	Emotions	.25**
	Attributions of Control	-.41***
	$\underline{R}^2 = .32$, $\underline{p} < .001$	

	Females	**Males**
Stereotypes	.14	.12
Symbolic Beliefs	-.11	-.03
Emotions	.25*	.25
Attributions of Control	-.40**	-.32*
	$\underline{R}^2 = .32$, $\underline{p} < .001$	$\underline{R}^2 = .19$, <u>ns</u>

* $\underline{p} < .05$, ** $\underline{p} < .01$, *** $\underline{p} < .001$

Discussion

The results of this study demonstrate that attitudes toward people with disabilities involve multiple components, with emphasis placed on different components for different types of disabilities. In addition to stereotypes, symbolic beliefs, and emotions, which have been examined in previous research (Esses et al., 1993), the assessment of attribution of control over one's current situation was found to be of value in this context.

Of interest is the finding that men had less favorable attitudes toward people who are chronically depressed than did women. This effect was paralleled by the fact that men were more likely to believe that depression is under individual control. In addition, perceived control was the sole unique predictor of men's attitudes toward chronically depressed people, whereas both perceived control and emotions were uniquely predictive of women's attitudes toward this group.

The results of this research serve to underscore the importance of examining attitudes toward people with disabilities at levels beyond that of global evaluation. They also suggest that the elimination of prejudicial attitudes will require a heterogenous approach. The components that serve as the bases of attitudes toward people with disabilities and, thus, perhaps attitude change, app ear to be strongly dependent on the type of disability in question.

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